



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

PROPOSED CHANGE IN OPERATION

Complete and return form to Board 30 days prior to proposed change

Date: _____

Effective Date: _____

Type of Change: Ownership Location Closure Remodel Name Change

CURRENT INFORMATION

Pharmacy DEA #: _____ Pharmacy registration #: _____

Pharmacy Name: _____

Current Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Owner: _____ Phone: _____

Pharmacy Manager: _____ Phone: _____

NEW INFORMATION

New Name: _____

New Owner: _____ Phone: _____

Pharmacy Manager: _____ Phone: _____

New Address: _____ City: _____ Zip: _____

Differential Hours? _____ Yes _____ No (If yes, attach Notification of Differential Hours)

Construction Changes: *(Attach plans)* _____

Disposition of controlled substances: _____

Other Stock: _____

Prescription records: _____

Signature of Pharmacy Manager: _____ Date: _____

Inspector Comments: _____

Inspector: _____ **Date:** _____



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APPLICATION FOR PHARMACY REGISTRATION

Annual Fee \$100 per registration

*All applications **MUST** include a copy of pharmacy floor plans. Incomplete applications will be returned.*

Proposed Opening Date: _____

Pharmacy Name: _____

Address: _____ City: _____ Zip: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Contact person: _____ Phone: _____

Pharmacy Owner: _____

Type of Ownership: *Circle and attach listing of officers, partners, etc., with addresses and phone for each)*

Partnership

Sole Proprietorship

Corporation

Limited Liability

Type of Operation: *(Circle all that apply, \$100/registration)*

Parenteral Admixture

Hospital

Community

Limited Service

Have any of the applicants had: *(If answer is yes to any of the following attach documentation)*

Conviction relating to the distribution of drugs, including samples? _____ No _____ Yes

Felony convictions under federal, state or local laws? _____ No _____ Yes

Suspensions or revocation of licensure for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any license currently or previously held by applicants? _____ No _____ Yes

Have any applications for licensure been denied by any federal, state or local agency?
_____ No _____ Yes

Previous registration with the Board of Pharmacy? _____

Pharmacy Manager: _____ Phone: _____

(Must be a licensed pharmacist- Please print)

Signature of Pharmacy Manager: _____ Date: _____



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NOTIFICATION OF DIFFERENTIAL HOURS

Notification must be filed with the Idaho Board of Pharmacy no less than 30 days prior to operating with differential closing hours. Within 10 days of receipt of notification, inspection will be made and you will be advised of approval or disapproval. Board inspection and approval must be completed prior to commencing of such differential hours.

Pharmacy License #: _____ Date: _____

Pharmacy: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Pharmacist Manager: _____

Pharmacy Hours: _____ Store Hours: _____

Sign Posted: _____ Security Gate: _____

Signature of Pharmacist Manager

Date

Date Received: _____ Approved _____ Disapproved _____

Comments: _____

Signature of Inspector

Date



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APPLICATION FOR REGISTRATION PRECEPTOR SITE - TRAINING OF EXTERN/INTERNS

FEE: \$25.00 Expires: June 30, annually

Name of Training Site: _____
(Please Print)

Pharmacy License Number: _____ **DEA Number:** _____

Address: _____
Street City St Zip

County: _____

Phone: _____ **Fax:** _____

In addition to the required reference library it is recommended that professional publications such as: US Pharmacist, Drug Topics, and Pharmacy Times, be available for use by the extern/intern.

I hereby certify that I have read and understand the Board of Pharmacy Laws and governing the training of externs/interns.

Signature of Pharmacist In Charge (PIC)

Date



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Pharmacist-In-Charge (PIC) Responsibility Checklist

*****You must attach a list of ALL currently employed
Pharmacists & pharmacy technicians*****

The Board of Pharmacy holds the PIC of each pharmacy responsible for all pharmacy related matters. The following is a non-inclusive list of Board Rules that relate to the responsibilities of pharmacists moving into a PIC role.

Ensure that your pharmacy has the current edition of the Idaho Pharmacy Laws & Rules prior to reviewing the following.

Rule 156. PHARMACIES. All sections

Rule 496. CONTROLLED SUBSTANCE INVENTORY. All sections

Rule 251. PHARMACY TECHNICIANS. All Sections

PHARMACIST IN CHARGE Statement

RPh License No. _____ Name: _____

PLACE OF EMPLOYMENT

Pharmacy License No. _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Effective Date of Change: _____

I certify that I have read and understand the above-mentioned Rules related to the role of PIC. I understand that every part of the establishment coming under the regulation of the pharmacy law shall be under my full and complete control as responsible pharmacist manager.

Signature

Date

License Number	Pharmacist
Registration Number	Pharmacy Technician